

Application for a Permit to Construct - General

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority

| | |
|---------------------|-------------------------------|
| Application number: | Permit number (if different): |
| Date received: | Roll number: |

Application submitted to: TOWN OF GREATER NAPANEE
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

| | | |
|------------------------------|--------------------------------|-------------------------------|
| Building number, street name | Unit number | Lot/con. |
| Municipality | Postal code | Plan number/other description |
| Project value est. \$ | Area of work (m ²) | |

B. Purpose of application

| | | | | |
|---|---|--|-------------------------------------|---|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Addition to an existing building | <input type="checkbox"/> Alteration/repair | <input type="checkbox"/> Demolition | <input type="checkbox"/> Conditional Permit |
| Proposed use of building | Current use of building | | | |

Description of proposed work

C. Applicant

Applicant is: Owner or Authorized agent of owner

| | | | |
|-------------------------|-------------|----------------------------|--------|
| Last name | First name | Corporation or partnership | |
| Street address | Unit number | Lot/con. | |
| Municipality | Postal code | Province | E-mail |
| Telephone number () | Fax () | Cell number () | |

D. Owner (if different from applicant)

| | | | |
|-------------------------|-------------|----------------------------|--------|
| Last name | First name | Corporation or partnership | |
| Street address | Unit number | Lot/con. | |
| Municipality | Postal code | Province | E-mail |
| Telephone number () | Fax () | Cell number () | |

| E. Builder (optional) | | | | |
|---|--|------------------------|--|-----------------------------|
| Last name | | First name | Corporation or partnership (if applicable) | |
| Street address | | | Unit number | Lot/con. |
| Municipality | | Postal code | Province | E-mail |
| Telephone number () | | Fax () | | Cell number () |
| F. Tarion Warranty Corporation (Ontario New Home Warranty Program) | | | | |
| i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. If yes to (ii) provide registration number(s): _____ | | | | |
| G. Required Schedules | | | | |
| i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities. | | | | |
| ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system. | | | | |
| H. Completeness and compliance with applicable law | | | | |
| i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> . | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) The proposed building, construction or demolition will not contravene any applicable law. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. Declaration of applicant | | | | |
| I _____ declare that: | | | | |
| (print name) | | | | |
| 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. | | | | |
| 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. | | | | |
| _____ | | _____ | | |
| Date | | Signature of applicant | | |

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

| A. Project Information | | | |
|--|--|---|--------|
| Building number, street name | Unit no. | Lot/con. | |
| Municipality | Postal code | Plan number/ other description | |
| B. Individual who reviews and takes responsibility for design activities | | | |
| Name | Firm | | |
| Street address | Unit no. | Lot/con. | |
| Municipality | Postal code | Province | E-mail |
| Telephone number () | Fax number () | Cell number () | |
| C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C] | | | |
| <input type="checkbox"/> House | <input type="checkbox"/> HVAC – House | <input type="checkbox"/> Building Structural | |
| <input type="checkbox"/> Small Buildings | <input type="checkbox"/> Building Services | <input type="checkbox"/> Plumbing – House | |
| <input type="checkbox"/> Large Buildings | <input type="checkbox"/> Detection, Lighting and Power | <input type="checkbox"/> Plumbing – All Buildings | |
| <input type="checkbox"/> Complex Buildings | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> On-site Sewage Systems | |
| Description of designer's work | | | |
| D. Declaration of Designer | | | |
| I _____ declare that (choose one as appropriate): | | | |
| (print name) | | | |
| <input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. | | | |
| Individual BCIN: _____ | | | |
| Firm BCIN: _____ | | | |
| <input type="checkbox"/> I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code. | | | |
| Individual BCIN: _____ | | | |
| Basis for exemption from registration: _____ | | | |
| <input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. | | | |
| Basis for exemption from registration and qualification: _____ | | | |
| I certify that: | | | |
| 1. The information contained in this schedule is true to the best of my knowledge. | | | |
| 2. I have submitted this application with the knowledge and consent of the firm. | | | |
| _____ | | _____ | |
| Date | | Signature of Designer | |

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d). of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.



The Town of Greater Napanee has a duty to protect employees from all forms of Harassment and Violence while in the workplace. By signing this application, I agree that all dealings with employees will be handled in a respectful and appropriate manner. I further agree that I and/or persons acting on my behalf, will conform to all applicable policies of the Town of Greater Napanee, which can be provided on request. Breach of a policy could result in processing delays, denial of service or other remedies contained in the approved policy.

Thank-you for your cooperation.

Name

Signature

Date

Items May Be Required for a Building Permit

Owner: _____ Roll #: _____
 Address: _____ Zoning: _____

| DESCRIPTION | REQUIRED | DATE SUBMITTED |
|---|--|----------------|
| 1. Transfer/Deed of Land Register | <input type="checkbox"/> | |
| 2. Copy of Register Plan (Survey) | <input type="checkbox"/> | |
| 3. Tarion Builders Registration Number (For Residential) | <input type="checkbox"/> | |
| 4. Plot Plan - This is not a survey but is a rough drawing, showing the location & size of the proposed structure, its distance to all lot lines, all other existing structures, waterways, and septic system, if rural | <input type="checkbox"/> | |
| Conservation Authority Approval Required: | <input type="checkbox"/> | |
| Setback: Side Yard: _____ Side Yard: _____ Rear Yard: _____ Front Yard: _____ Minimum Setback: Side Yard: _____ Side Yard: _____ Rear Yard: _____ Front Yard: _____ | | |
| 4a. Plans/Drawings (2 copies) indicating the following: ▶ BCIN Number of Qualified Designer (if applicable) ▶ Or Designed by Owner | <input type="checkbox"/> <input type="checkbox"/> | |
| 4b. Foundation Plan, showing sizes of footings, Height under beam & height of backfill | <input type="checkbox"/> | |
| 4c. Soil Type: _____ Poured: <input type="checkbox"/> Types of Foundations: _____ Block: <input type="checkbox"/> Other: <input type="checkbox"/> | | |
| 4d. Floor Plan, including lintel sizes for all openings | <input type="checkbox"/> | |
| Engineered Floor System: Prof. Engineer Stamped Design to be submitted (If applicable) | <input type="checkbox"/> | |
| 4e. Size of Building: W _____ L _____ H _____ Existing Building: W _____ L _____ H _____ | | |
| Construction Type: Frame: <input type="checkbox"/> Protected Frame: _____ Veneer: <input type="checkbox"/> Masonry: <input type="checkbox"/> | | |
| Steel: <input type="checkbox"/> Reinforced Concrete: <input type="checkbox"/> Other Specify: _____ | | |
| 5. Typical Building Sections | <input type="checkbox"/> | |
| 6. Exterior Elevations of Buildings | <input type="checkbox"/> <input type="checkbox"/> | |
| 7. Roof Layout – Prof. Engineer Stamped Truss Design to be submitted (If applicable) | <input type="checkbox"/> | |
| 8. Soil Gas Mitigation Strategy: Option #: _____ Signed Declaration <input type="checkbox"/> | | |
| 9. Mechanical Design Drawings and heat loss calculations showing furnace size & duct size, including a schematic layout for ductwork or/and radiant heating | <input type="checkbox"/> | |
| 10. Water: Municipally Operated: (Impost Fee's Required) <input type="checkbox"/> Well: (Well Drill Certificate Required) <input type="checkbox"/> | | |
| 11. Plumbing: # of Fixtures: _____ Fixtures: WC: <input type="checkbox"/> Lav: _____ Tub: <input type="checkbox"/> Other: _____ | | |
| 12. Sewers: Available: (Connection Permit Required) <input type="checkbox"/> Sewage System (Permit Required) <input type="checkbox"/> | | |

| DESCRIPTION(Con't) | | | | REQUIRED | DATE SUBMITTED | |
|--------------------|--|---|---|------------------------------------|---------------------------------|----------------|
| 13. | Hydro: | Available on Site: <input type="checkbox"/> | ESA Permit Required: <input type="checkbox"/> | | | |
| 14. | Heating | Gas: <input type="checkbox"/> | Oil: <input type="checkbox"/> | Electric: <input type="checkbox"/> | Other: <input type="checkbox"/> | Specify: _____ |
| 15. | Ventilation: | HRV: <input type="checkbox"/> | Number of Fans: _____ | | Fan Rating(s): _____ | |
| 16. | Fees: | | | <input type="checkbox"/> | | |
| | Building Permit Fee - \$11.00 per \$1000 dollars value of Construction | | | <input type="checkbox"/> | | |
| | Plumbing Permit Fee - \$10.00 per Fixture (minimum \$100.00 fee) | | | <input type="checkbox"/> | | |
| | Occupancy Permit Fee - \$100.00 | | | <input type="checkbox"/> | | |
| | Education Development Charge (French Public) - \$300.00 per Dwelling | | | <input type="checkbox"/> | | |
| 18. | Development Charges: (If Applicable) Payable by cheque only | | | <input type="checkbox"/> | | |
| 19. | Entrance Permit Required: (County / Town / M.T.O) | | | <input type="checkbox"/> | | |

ADDITIONAL CONTACTS

| | |
|---|---|
| Impost Fees & Connections Napanee Water Utilities (prior to issuance) | 613-354-3351 |
| Electrical Safety Authority (ESA) | 1-877-372-7233 |
| KFL&A Public Health | 613-354-3357 |
| Conservation Authority <ul style="list-style-type: none"> ➤ Cataraqui Region Conservation Authority ➤ Quinte Conservation Authority | 613-546-4228 613-968-3434 |
| Ministry of Transportation <ul style="list-style-type: none"> ➤ Proposed work close to or adjacent to a provincial highway ie; Highway 33 and 401 Highway | www.hcms.mto.gov.on.ca 613-544-2220 ext.4729 |
| Ministry of Natural Resources | 613-531-5700 |
| Entrance Permits: <ul style="list-style-type: none"> ➤ County of Lennox & Addington ➤ Town of Greater Napanee ➤ Ministry of Transportation | 613-354-4883 613-354-3351 1-888-362-1770 ext. 4328 |
| Natural Gas Services (Union Gas) | 613-389-4000 |
| ON1CALL – Before you Dig | www.on1call.com |
| Building & Sewage System Permits | 613-354-3351 |

ITEMS REQUIRED PRIOR TO FINAL INSPECTION OR OCCUPANCY

| | | | |
|----|--|--------------------------|--|
| 1. | Electrical Safety Authority Final Inspection Certificate | <input type="checkbox"/> | |
| 2. | Union Gas Inspection | <input type="checkbox"/> | |
| 3. | Heat Recovery Ventilator Certificate – Number of Licensed Installer | <input type="checkbox"/> | |
| 4. | Oil Appliance (T.S.S.A) / Propane Appliance Installers Inspection & Report | <input type="checkbox"/> | |
| 5. | Approved Sewage System Installation | <input type="checkbox"/> | |
| 6. | Well Water Sample test results for coliform & E-coli | <input type="checkbox"/> | |
| 7. | Final Inspection of Entrance | <input type="checkbox"/> | |